

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO.	FILING DATE
	10 585915	
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1	1		
3		1	1	1		
4		1	1	1		
5		1	1	1		
6		1	1	1		
7		1	1	1		
8		1	1	1		
9		1	1	1		
10		1	1	1		
11		1	1	1		
12		1	1	1		
13		1	1	1		
14		1	1	1		
15		1	1	1		
16		1	1	1		
17		1	1	1		
18		1	1	1		
19		1	1	1		
20		1	1	1		
21		1	1	1		
22		1	1	1		
23		1	1	1		
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28		1	1	1		
29		1	1	1		
30		1	1	1		
31		1	1	1		
32		1	1	1		
33		1	1	1		
34		1	1	1		
35		1	1	1		
36		1	1	1		
37		1	1	1		
38		1	1	1		
39		1	1	1		
40		1	1	1		
41		1	1	1		
42		1	1	1		
43		1	1	1		
44		1	1	1		
45		1	1	1		
46		1	1	1		
47		1	1	1		
48		1	1	1		
49		1	1	1		
50		1	1	1		
TOTAL IND.	1		1			
TOTAL DEP.		11		11		
TOTAL CLAIMS		12		12		

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1	1	1		
52		1	1	1		
53		1	1	1		
54		1	1	1		
55		1	1	1		
56		1	1	1		
57		1	1	1		
58		1	1	1		
59		1	1	1		
60		1	1	1		
61		1	1	1		
62		1	1	1		
63		1	1	1		
64		1	1	1		
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67		1	1	1		
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72		1	1	1		
73		1	1	1		
74		1	1	1		
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76		1	1	1		
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83		1	1	1		
84		1	1	1		
85		1	1	1		
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88		1	1	1		
89		1	1	1		
90		1	1	1		
91		1	1	1		
92		1	1	1		
93		1	1	1		
94		1	1	1		
95		1	1	1		
96		1	1	1		
97		1	1	1		
98		1	1	1		
99		1	1	1		
100		1	1	1		
TOTAL IND.						
TOTAL DEP.		87		87		
TOTAL CLAIMS		88		88		